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Caregivers of Veterans: Serving on the Homefront

The National Alliance for Caregiving and the United Health Foundation have published a report on caregivers of Veterans from combat eras dating from World War II to the wars in Iraq and Afghanistan. The report includes data on small towns and rural areas throughout the U.S.

The study was motivated by the increased attention on caregiving for Veterans in the VA's Strategic Plan (2009) and the recently passed Caregivers and Veterans Omnibus Health Service Act of 2010.

While noting some challenges common across adult caregiving situations, the report found caregiving for a Veteran to be unique in many ways. For example,

caregivers were more likely to be women and care recipients tended to be younger and require longer term caregiving compared with the national average. The study also examined the impact of caregiving on quality of life and found that 65% of caregivers of Veterans report a high degree of burden from caregiving relative to 31% nationally.

The study also reports which organizations and information sources are helpful to caregivers, and the types of programs and services that are most needed. The study did not examine how veterans financial benefits impact caregiving.

The full study can be found at: www.caregiving.org.

Geographic Differences in Potentially Preventable Readmission Rates in Rural and Urban Hospitals

Potentially preventable hospital readmissions (PPRs) in Medicare patients are an inefficiency in the health care system that increases costs. Policymakers are considering efforts to measure and publicly report PPR rates and to target hospitals with high PPR rates for improvement by means of

payment policy and technical assistance. To help inform the policy debate, this study compares adjusted-PPR rates in rural vs. urban hospitals and assesses whether demographics/severity affect PPR rates.

For the full study:
www.uppermidwesthrhc.org/pubs.



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Rural Residency and HIV Outcomes

Approximately 7% to 8% of persons with a new AIDS diagnosis in the United States live in rural areas, and the prevalence of HIV/AIDS has steadily increased in these areas over the last 15 years. Over this same period, advances in therapy have improved survival for persons who are aware of their HIV infection and who are engaged in care. A study conducted by VA researchers, including those from the ORH, was recently published showing that Veterans residing in rural areas begin care for HIV treatment later than do urban Veterans. This later entry to care showed more advanced HIV infection at entry and drives increased mortality for rural compared with urban veterans with HIV. Future studies should explore the factors associated with late care entry for rural Veterans with HIV.

Reference: *Medical Care* • Volume 48, Number 12, December 2010.

For the full article, visit the [ORH website](http://www.orh.va.gov) and click on "publications."

